

Introduction to Human Sexuality

Course Dates:

October 3, 2007
Charleston, SC

All trainings will begin promptly at 9 a.m.
Participant sign-in is at 8:30 a.m.

Registration form

***For registration, cancellation, or course
Information contact:***

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhcc.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

Human Sexuality is a broad topic that encompasses many aspects of a person's life. As such, it is a relevant topic for anyone working in the field of public health. This interactive workshop will explore human sexuality from biological, psychological and societal perspectives in a comfortable, non-threatening and fun environment

Goals:

- To increase participant's understanding of sexual anatomy and human sexual response.
- To increase participant's understanding of human sexuality in terms of sexual roles, gender identity and sexual orientation.
- To explore the relationship between human sexuality and public health activities.

Objectives:

Participants will:

- Identify the male and female sexual anatomy
- Understand stages of sexual response as identified by Masters and Johnson.
- Understand the Kinsey Scale of sexual orientation.
- Explore their own beliefs and attitudes about issues related to sexual behaviors, gender role/identity and sexual orientation.

Prerequisites:

Audience:

HIV Prevention and Care Case Managers and Social Workers

Instructor (s):

Bill Hight, Ph. D

Training Hours:

6.5

Continuing Education Units available.



STD/HIV Division

Introduction to Human Sexuality
Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

___ October 3, 2007

Charleston, SC

*Fundamentals of HIV Prevention Counseling or its equivalent is a prerequisite for the above course. Please indicate the following information regarding each:

1. Date and location: _____
2. Date and location: _____

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is 15 business days prior to all training dates.